

and Saudi Arabia have now become our bankers. If lawmakers in this body were serious about the debt and about the deficit issues that Americans are increasingly worried about, Congress would have an honest conversation and would do something about it.

In June of 2006, they stood in the same place, and spoke about the introduction of a bill called the SAFE Commission Act. They explained that the country is having trouble. It's a bipartisan commission, and it puts every spending program on. It comes back and requires—it requires, Mr. Speaker—that Congress vote up or down. In a bipartisan manner, Congressman COOPER and I have had this bill in now for 3 years.

I have little faith that this Congress will act through regular order and will tackle this enormous, growing problem. It will take this approach: Instead of dealing with these issues, Congress will ignore them.

In closing, it reminds me of the Simon and Garfunkel song, which they sang in Central Park, called "The Boxer." It says: Man hears what he wants to hear, and disregards the rest. I would change the words to say: Congress hears only what it wants to hear, and disregards the rest.

Therefore, this Congress is allowing Uncle Sam to go broke. It is time for us to deal with it in a bipartisan way for the good of our children, for the good of our grandchildren and for the good of everyone who lives in this country.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. PAULSEN) is recognized for 5 minutes.

(Mr. PAULSEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

MOVING GUANTANAMO DETAINEES TO U.S. SOIL AND CONGRESSIONAL TRANSPARENCY

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 6, 2009, the gentleman from Michigan (Mr. HOEKSTRA) is recognized for 60 minutes as the designee of the minority leader.

Mr. HOEKSTRA. I thank the Speaker for the recognition.

Yesterday was a very interesting day in an open hearing in the Intelligence Committee. It's something that doesn't happen very often. We had the opportunity to hear from a small business person from Standish, Michigan—Dave Munson. The hearing was about congressional notification.

When is it the requirement of the executive branch, of the President and of the executive agencies, to fully brief Congress in a timely manner on the actions that they are taking?

The law is fairly clear. Congress needs to be fully and currently informed of intelligence matters.

So why would David Munson, a small business man from a small town in northern Michigan, be testifying in front of the Intelligence Committee?

David Munson is asking that this Congress, that the Michigan legislature, that the city council in Standish, and that the citizens of Standish, Michigan be fully and completely informed and be on a timely basis informed on what this administration's policies are for moving Guantanamo prisoners to the United States.

On January 22, the President made a statement that he now is finding is very, very difficult to finish. He promised that, within 12 months, the prison in Guantanamo would be closed and that the Gitmo detainees would be moved somewhere else, either overseas or perhaps to the United States. Many of us who have been working on this issue for years recognized how ill-advised the President's statement could be.

President Bush had said that he wanted Guantanamo closed, and as he started taking a look at how he would make it happen, he found out it was very, very difficult to do. He diminished the number of detainees in Gitmo, but he wasn't able to close it completely. President Obama, really with no analysis, said he would close it in 12 months. He has now found out how difficult that is.

Other countries don't want to take these detainees. They don't want to take them into their countries. We don't want them in the United States. As soon as they move from Cuba to the United States, they get a whole new set of legal rights and legal authorities. So why would we want to do that for some of the most dangerous people in the world? Yet the President seems committed to moving these people to the United States.

One of the sites that he is supposedly investigating, or that the Department of Defense and the Department of Justice are considering, is a closed corrections facility in Standish, Michigan. The Department of Defense has been there. Mr. Munson believes that some of the elected officials in the commu-

nity are having ongoing discussions with the Department of Defense about moving these detainees, these prisoners, to the State of Michigan even though the community is opposed.

Just like most of Michigan, this is a community that is hurting. We've got a 15.3 percent unemployment rate—the highest unemployment rate in the country, so we need an economic stimulus; but what the people of that community have said is we don't need an al Qaeda stimulus in our community. If the President is considering moving these prisoners to Michigan, what they do want is transparency. They would like to know exactly what the status of the negotiations is.

Are there negotiations actually taking place? If there are, then they'd like to know: What's the impact on our community going to be? They'd like to have a better understanding.

As Mr. Munson said yesterday, exactly who are these individuals we're considering moving into our community? What are their backgrounds? Why are they being held in Gitmo? Why have we detained them for years? He would also like to know, as would other people in the community, if we've held these people in Gitmo for a number of years, what have we learned while we have held these people in detention? What kinds of risks and challenges might they pose to the people who are guarding them and to the community where they are housed? What has been our experience in holding al Qaeda and radical jihadists in prisons around the world? Have there been attempted prison breaks? Have there been attempted prison entries where people outside have targeted the communities where these facilities are held?

These are the kinds of questions that the people in Standish, Michigan and the people of Michigan want answers to. The people in Standish have asked for that information. The Michigan legislature has asked for transparency. I have asked for transparency as the ranking member of the Intelligence Committee, but consistently, Secretary Gates and the Obama administration have replied with stone silence. They are totally unwilling to share any information with elected officials or with the citizens of Standish about what their plans and intentions may or may not be.

For an administration that said we are going to be transparent, to have a hearing in the Intelligence Committee where we're saying we want to talk about transparency and about what some would say is a lack of transparency by the previous administration and now by this administration and about keeping Congress fully and completely informed on a timely basis, it was the perfect hearing in which to have that discussion.

What David Munson clearly articulated is that people in Michigan and people in Standish are concerned, and they want answers. This administration has been unwilling to keep the

citizens of Standish informed on this issue. It is disappointing. This is a community that is concerned about their economic future. They are concerned about the character of their community. They are concerned about the future. With the closing of the corrections facility in Standish recently, the city faces some very, very tough economic times. The community faces tough economic times. A lot of people have lost their jobs because of the decisions that have been made by the State of Michigan.

So they're trying to wrestle, and they're trying to deal with those issues, but the thing that they realize is that, as they move forward and as they look toward the future as to how they're going to fill it, they would just like some information. They would like some information and some transparency from this administration, and they're disappointed that they're not getting it.

Today, again, we reiterate the request to the Department of Defense, to the Department of Justice and to the Obama administration: Please, please be more transparent in what your plans and intentions are for the Gitmo detainees because there are two debates. There are many of us who believe that even considering moving the Gitmo detainees to U.S. soil is a genuinely bad idea.

□ 1230

Let's have that debate. Let's have that debate first, and then if somehow at the conclusion of that debate there are still people who believe that moving these individuals to the United States is a good idea, then let's be fully transparent as to the ramifications, the risks, and the implications to local communities.

What we have seen so far is that the Obama administration is totally unwilling to engage in the first debate as to why and what the benefits are to closing Gitmo and moving those prisoners to the United States. Now they have moved directly to the second, without any consideration or any dialogue on the first, and now they are doing the second one in total secrecy.

It is time to change that process. I think it is time to go back to the beginning of this process and reconsider that first decision that says we are going to close Gitmo. Then I think what we will find out is this second discussion may not even be needed.

PROVIDING HEALTH INSURANCE TO EVERY
AMERICAN

Mr. HOEKSTRA. I want to just change the topic now to how to insure every American on health care.

A colleague of mine wrote an op-ed that was published in the Wall Street Journal recently that said there are different ways to ensure that every American has access to health insurance. People say, do Republicans have a plan? Of course we have plans. We have had plans for a number of years on ways to address the health crisis or

the problems that we face in health care and with health insurance in America today. We were very, very clear that there is a plan that can do that. We also identified what some of the problems may be.

If you take a look at why we have some of the issues, go to your local hospitals. Go to your local doctors. Ask them, when someone comes in with government health care, Medicare or Medicaid, how are you reimbursed for the expenses that you incur? And what they will typically tell you is, well, if someone comes in with a Medicaid card, for every dollar of expenses that we incur, we receive about 40 cents of reimbursement. If they come in as a Medicare patient, they will say, well, that is a little bit better. We get paid at about 60 cents for every dollar of expenses we incur.

You ask, why is the private sector being squeezed and why do you see the insurance rates in the private sector going up? It is because the government programs are terrible payers and the cost has to be borne by the private sector.

There are really five types of patients that will walk into a health care facility: those that are on Medicaid; those that are on Medicare; those that have private insurance; the fourth would be those that have no insurance, they are going to pay out of their pocket; and then the last would be uncompensated care, people that go into an emergency room or go into a doctor's office, they are sick, they are going to get the care, but they have no way to pay for the care that they are going to receive.

All of those, everything except the private insurance plans, they are all squeezing private insurance, and that is what is forcing private insurance plans to escalate their costs and their premiums very quickly. Think about what would happen if the government programs actually paid \$1 of reimbursement for \$1 of care given.

The other thing that we find is that our Tax Code incentivizes employer-provided health care, rewards health insurance companies by insulating them from accountability, and punishes those that lack employer-provided care. If individuals want to go out and buy health insurance for themselves, the Tax Code penalizes them, versus their neighbor who may be getting it from their employer. We need to fix this.

But the bottom line that we come to in terms of insurance and making sure that every American has access to insurance is to empower patients and to give them more choice. We are going to talk a little bit about the alternative plans that are out there in just a minute. But our focus is driving towards patient choice, patient affordability, providing the mechanisms in the Tax Code and through tax credits or subsidies to enable individuals to go out and access health care, rather than having the government-run health care.

It is a very, very different model between the two parties, one of which says we are going to empower individuals and give them access and they are going to keep the authority and the responsibility and the accountability and the opportunity to go out and buy their own health care, ensuring that they keep that power and that control.

We are not empowering anybody. That is a word that we use all too often here, that we are "empowering." No. Individuals already have that authority. The Constitution protects those kinds of individual rights and individual freedoms. They are not getting that from this Congress. They are getting that because that is what the Founding Fathers gave to them. Now what we want to do is create a framework so they are better able to use that power and have access to health care.

On this side of the aisle—and you saw it more recently with the passage of the Baucus bill out of committee over on the Senate side as well as in the bills that have come out in the House side—what do we see? What we see is, rather than individuals having the power, it is this body and Congress taking the power from individuals and taking it into this body and then giving it to Federal bureaucracies. And we know what happens when those decisions move from individuals to Washington.

As a matter of fact, there was an op-ed written in the Investor Business Daily, again written by Congressman SHADEGG and myself, and the title of that op-ed, as they put it on, we did not, but it says "Lies, Earmarks and Corruption All in One Bill." You kind of take a look at it and say, that is a pretty harsh indictment of a piece of legislation moving its way through Congress. Let me tell you where John and I see some of the evidence of this.

People talk about this legislation and they say, well, it reduces the deficit by \$70 billion or \$80 billion over the first 10 years. And you look at it and say, yes, as my colleague before said, it is time for us to address the deficit. You say, yes, we are excited about that.

But then you peel back the layers and you say, but how does it do that? We have got this massive expansion of health care to more Americans and these types of things. How do we do that and save money? As you peel back the layers, it says, yes, the taxes start day one when this bill goes into effect, but the benefits or the expansion of health care really doesn't start until year 3 or 4. So we have got 10 years of taxes and only 7 years or 6 years of health care.

Well, what happens when we have 10 years of health care and 10 years of taxes? Same old thing. We are back to massive new deficits. Is that a lie? I don't know. But it sure looks like Enron-style accounting. People in the private sector have gone to jail for similar types of accounting.

They also indicate that they are going to pay for this with \$404 billion of cuts in Medicare and Medicaid. If there are those types of savings available in Medicare and Medicaid, let's do those right now. The reality is those types of savings aren't identified in Medicare and Medicaid. They never have been. As a matter of fact, the other body now is considering a doctor fix. They are not going to put it into this health care bill. Why? Because it is an increase of \$250 billion of reimbursements to doctors. It is called the doc fix.

So rather than finding savings in Medicare and Medicaid, what they are identifying is massive new expenditures for Medicare and Medicaid; \$133 billion in cuts to Medicare Advantage.

Earmarks. There are State earmarks. Think about it. There are people from different States in this auditorium and on the floor of the House. There are new massive mandates in here for Medicaid, expansion of Medicaid.

You say, well, let's apply those equally across all 50 States. The mandates go across all 50 States. In 46 of those States, the States have to pick up their share of the costs of these new mandates. In Michigan, it would normally mean we would pick up 40 percent of the cost of these new mandates. But, for some reason, four States are exempted. The Federal Government will pick up 100 percent of the expanded Medicaid costs. Michigan is one of those States. I say to the other 46 States, thank you, in this case, for subsidizing Michigan health care.

There is another feature in here, another earmark, where there are going to be new taxes for individuals who have golden health insurance plans. What is the earmark? You would think this new tax would apply equally to all 50 States. Wrong. Seventeen States are exempted and only phase into this program over a period of time. You say thank you to the other 33 States, because you are now subsidizing, in this case, 17 States who will not have new taxes imposed on them.

Those Senators, those Members of the House, maybe were more effective in negotiating and saying, I will only vote for this health care if you exempt us from the Medicaid, the new Medicaid fees, or if you exempt our State from the new taxes.

It hardly seems fair. It hardly seems to have much to do with the delivery of quality and quantity of health care. It seems to reflect more on who has power and who does not have power in the process of designing this new legislation.

There is a better way. As I have gone through and as some of my colleagues have gone through and said, you know, let's take a look at health care. At one of my first town meetings, someone said, PETE, I know you came out of the business world. Now, you came out of Herman Miller and you came out of a marketing background, but you were working for a Fortune 500 company,

and because you worked in product development, you spent a lot of time working with engineers. Take a look at our health care system from an engineer's standpoint.

What an engineer would do is they would look at this thing systemically. They would identify where the problems were in the system, what parts of the system were broken and what parts of the system actually worked. Then they would focus in like a laser on fixing the parts of the system that were broken and leave the rest of the system working. That is kind of where we are with health care.

Eighty-five percent of Americans have health care. Surveys indicate that most of these folks are satisfied with the health care that they are getting, but they are also compassionate and saying we ought to take a look at fixing the parts of the system that right now are barriers to other Americans getting health care.

So the question is, why not focus on those? I have introduced and sponsored a series of bills that say, let's take a look at these seven targeted fixes for health care reform. They address the issues of cost, so that we have more competition. We have the tax credits and the cost subsidies, so every American will have the resources to go out and buy insurance. And they will also have an opportunity to have more choice, and there will be more competition, so that prices should come down.

In terms of access, we are also going there, because we are saying we do need to do something. It is inherently unfair that individuals who have a pre-existing condition find it difficult, if not impossible, to access health care in America. Let's make sure that we put in place a process in our insurance system that allows people that have pre-existing conditions to make sure that they are covered and that they also have the opportunity to have the confidence that if they get a different illness or they get a different health care problem, that they are covered and they can be covered for their pre-existing condition and other things that may happen to them.

Then we put in a bill that deals with tort reform. All of these bills could be implemented immediately, and in 3 years we would find out how much impact we have had. As a matter of fact, these things could be implemented right now. We would have 3 years of experience in improving our current health care system, and in 3 years we could say, how much have these programs and these bills improved health insurance and health quality and quantity in America? If they are working, we could say, okay, maybe we have to tweak them, we have to modify them a little bit.

But why the 3-year window? Remember that under the President's plan, the health care programs don't kick in for 3 years.

□ 1245

And at the rate that we're going, you wonder why 3 years. It also happens to

be, means they'll kick in after the next election, so Americans who will lose their health insurance or will have to change their health insurance, they won't be hit with that reality until after the next Presidential election. Interesting timing.

But when we get to health care, there's a way to improve health care that says we're going to enable individuals, individual American citizens, to keep the power that they have to direct their health care, the choices that they have versus a plan that says we're going to have that choice and that opportunity and that freedom taken away from individuals and moved to the government and government bureaucracy where we see all the kinds of shenanigans that are going on in the current Senate bill and going on in the current House bills.

There is an alternative: Freedom versus massive government programs. And there are alternatives that go out and say, in a very targeted way, here's how we can address the issues and improve the access, the quality and the price of health care for every American and do it today, rather than waiting 3 years.

Mr. Speaker, I hope that this gets to be a much more open process than what we have today, a much more open process than what we have had up until this point. It appears that some are driven and they've bought into the idea that government needs to run health care. That is fundamentally wrong because if we move in that direction, it means we will grow government and we will take freedom away from Americans. That is the wrong way to address this problem.

Let's bring Republicans and Democrats together, and let's focus on providing individuals the tools that they need to be able to go out and get the quality and the quantity of health care that they need and that they want.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CULBERSON (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. JONES (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. MAFFEI (at the request of Mr. HOYER) for today on account of official business in district.

Mr. MCCAUL (at the request of Mr. BOEHNER) for today on account of receiving St. Mary's Law School distinguished alumni award.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)